GALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink. CITY OF BISHOP FIRST ICES COMMISSION NAME OF FILER (LAST) (MIDDLE) **GARDNER PATRICIA** 2015 MAR 15 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF BISHOP Division, Board, Department, District, if applicable Your Position MAYOR ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County. County of ___ **BISHOP** City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through Leaving Office: Date Left ________ December 31, 2014. (Check one) -01-O The period covered is January 1, 2014, through the date of The period covered is ______ through leaving office. December 31, 2014. Assuming Office: Date assumed ________ O The period covered is ______ through the date of leaving office. Candidate: Election year ___ and office sought, if different than Part 1: _ 4. Schedule Summary ► Total number of pages including this cover page: Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification I certify under penalty of perjury under the laws of the State of

Date Signed. (month, day, year)

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Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION	
Name PATRICIA L GARDNER	

NAME OF BUSINESS ENTITY SIERRA BROADCASTERS LLC	► NAME OF BUSINESS ENTITY PFIZER
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BROADCAST STATION	PHARMACEUTICAL
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ✓ Stock Other (Describe)	NATURE OF INVESTMENT Stock ☐ Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 14 / / 14 ACQUIRED DISPOSED

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION

Name

PATRICIA L. GARDNER

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 786 GROVE STREET	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY BISHOP	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 ACQUIRED DISPOSED ACQUIRED ACQUIRED DISPOSED ACQUIRED ACQUIRED
Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
E case in its	Control and Deed of Trad
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
₩ None	None
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* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and incess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 DOVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

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FAIR POLITICAL PRACTICES COMMISSION
Name
PATRICIA L. GARDNER

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME PIONEER HOME HEALTHCARE, INC.	NAME OF SOURCE OF INCOME SOUTHERN MONO HEALTHCARE DISTRICT
ADDRESS (Business Address Acceptable) 162 EAST LINE STREET	ADDRESS (Business Address Acceptable) P.O. BOX 660, MAMMOTH LAKES, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE HOME HEALTH AGENCY	BUSINESS ACTIVITY, IF ANY, OF SOURCE HEALTHCARE
YOUR BUSINESS POSITION PHYSICAL THERAPIST	YOUR BUSINESS POSITION PHYSICAL THERAPIST
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a ne lender's regular course of business on terms available to
regular course of business must be disclosed as follo	status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER* NONE	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	City
\$1,001 - \$10,000	_
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	